

RS6:43.7;28.5,60.0)+(NPRS7: 46.3;31.1,61.5)+(NPRS8: 58.5;42.6,74.4)+(NPRS9:2.0;44.2,79.8)+(NPRS10:72.2;54.7,89.7). The estimated marginal mean WPAI-NP-AI increased linearly from 10.1% at NPRS 0 to 84.8% at NPRS 10. Predicted WPAI-NP-AI was highly correlated with observed values ($R^2=0.889$); mean absolute error (predicted-observed) was 9.6 (sd 6.9). **CONCLUSIONS:** In people with chronic NP, increasing pain severity was associated with a linear increase in impairment of regular daily activities other than paid work. Interventions that reduce pain are likely to improve functioning.

PSY59

HEALTH-RELATED QUALITY OF LIFE IN BRAZILIAN OBESE PATIENTS SUBMITTED TO BARIATRIC SURGERY: A SYSTEMATIC LITERATURE REVIEW

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OBJECTIVES: Bariatric surgery is the best long-term treatment for morbid obesity with clinical improves, like reductions in blood pressure, glucose and lipids levels. However postoperative complications and psychosocial issues may impact quality of life (QoL). This study aims to assess health-related quality of life (HRQoL) in Brazilian obese patients submitted to bariatric surgery. **METHODS:** A systematic review was conducted by April 2013 through Cochrane Collaboration, Medline, EMBASE, and Lilacs databases. Studies that described QoL in Brazilian obese patients were included in this review. Bariatric Analysis and Reporting Outcome System (BAROS), Moorehead-Ardelt quality of life questionnaire II (M-A-QoLII), Abbreviated WHOQoL questionnaire and Short Form-6D (SF-6D) were used to evaluate the behavior of patients who underwent bariatric surgery in relation to QoL domains. **RESULTS:** Seven studies met eligibility criteria. In all studies, individuals presented body mass index (BMI) $\geq 40\text{ kg/m}^2$ or $\geq 35\text{ kg/m}^2$ associated with comorbidities. Patients reported their self-esteem (SE), physical activity (PA), social relations (SR), disposition to work (DW) and sexual activity (SA), after bariatric surgery. According to the M-A-QoLII, three studies showed HRQoL improvement in 28.9%, 39.5%, 28.4%, 30% and 25.6% of patients for SE, PA, SR, DW and SA, respectively. And 68.9%, 50.6%, 53.1%, 52.2%, 45.6% of patients guaranteed greatly improved regarding those parameters, respectively. After weight loss, bariatric surgery was effective to improve QoL in PA domain. Besides, when compared to patients submitted to medical treatment, patients who underwent surgical procedure presented an improvement of 93% in HRQoL, contrasting with 65.4% of the medical cohort ($p<0.001$). Only one study measured QoL before and after bariatric surgery: SF-36 domains and M-A-QoLII showed that post-surgery results were invariably better than pre-surgery ones ($p<0.001$ for all domains). **CONCLUSIONS:** The present review demonstrated the potential QoL improvements in Brazilian patients after bariatric surgery, in addition to clinical benefits.

PSY60

STUDY OF QUALITY OF LIFE AND COSTS FOR CML PATIENTS IN BULGARIA

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OBJECTIVES: To analyze the cost of therapy for patients with chronic myeloid leukemia (CML) and their quality of life. **METHODS:** It is retrospective as regard to cost and prospective as regard to quality of life analysis. Five university hospitals in four major cities treating all 320 CML-patients are included for the period 2011-2012. Information is collected from the patients' records about the health care resources used as medicines for CML, additional therapy, hospitalizations and physicians visits. The assessment of health related quality of life is conducted with validated for the country SF-36 questionnaire. **RESULTS:** A total of 164 (51.2%) men and 156 (48.75%) women, average age 53.96 \pm 15.41 were observed. The average CML pharmacotherapy monthly cost is 5976.4 BGN, the average total pharmacotherapy cost for additional diseases is 566.27 BGN and the average additional costs for physicians' visits and hospitalization is equal to 1504.69 BGN. The most expensive CML therapy is with Dasatinib 7771.20 BGN and the cheapest is Imatinib therapy equal to 5245.15 BGN. The most common additional diseases are cardiovascular (68%), followed by endocrine (29%). There is significant correlation between overall assessment for quality of life and average total additional costs – the higher assessment for QoL, the lower costs for hospitalization and visits. With the significantly highest score is the scale Bodily pain, followed by Physical functioning, and the lowest are Vitality, energy or fatigue and Role limitation. In most of patients on Imatinib (77.9%) are recorded good hematological responses and 66.7% are with major molecular response. **CONCLUSIONS:** CML is a disease consuming significant health care resources especially for major pharmacotherapy with TKIs. Infrequent physicians' visits and rarer hospitalizations generate higher assessment of quality of life.

PSY61

TREATMENT SATISFACTION AND ITS ASSOCIATION WITH HEALTH OUTCOMES IN PATIENTS WITH NEUROPATHIC PAIN

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OBJECTIVES: Neuropathic pain (NP) is a chronic progressive disease which is hard to control. This analysis investigates patients' satisfaction with pain therapy and its relationship with pain severity and health related quality of life (HRQoL). **METHODS:** Data were drawn from the 2012 Adelphi NP Disease Specific Programme, a cross-sectional study involving 413 primary care physicians and specialists across Europe. Physicians provided detailed records for 3956 NP patients, of which 1568 patients voluntarily completed EQ-5D and Brief Pain Inventory questionnaires. HRQoL was measured via the EQ-5D, satisfaction via a three-option question answered by the patient, and pain via the Brief Pain Inventory (BPI) interference score. Boxplot analyses

were used to compare outcomes across satisfaction groups. **RESULTS:** Only 64 (4.08%) were satisfied with their treatment, and 1504 (95.92%) not satisfied. A positive relationship was observed between satisfaction and HRQoL, with the most satisfied group recording a 31.62% higher EQ-5D score (mean 0.75 vs. 0.57, $p<0.01$) relative to the next most-satisfied group. A negative relationship was observed between satisfaction and pain, with the most satisfied patient group scoring 30.89% lower pain scores (mean 3.40 vs. 4.91, $p<0.01$). **CONCLUSIONS:** Most neuropathic pain patients are not satisfied with their current pain therapy. This analysis suggests a negative relationship between treatment satisfaction and reported pain severity as well as a clear positive relationship between treatment satisfaction and health related quality of life. The results highlight the need for a more targeted treatment of neuropathic pain patients.

PSY62

PROFILE OF BACK PAIN SUFFERERS ACROSS 5EU COUNTRIES

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OBJECTIVES: According to the Pain in Europe Study, about one in five EU adults have chronic pain. Back pain / lower back pain is among the most commonly cited location of pain.¹ Additionally, research has suggested that pain has a negative impact on sufferer mental health, employment, sleep and personal relationships.² This analysis profiles and compares adults experiencing back pain to adults without pain across 5EU. **METHODS:** Results were taken from the 2011 5EU National Health and Wellness Survey, a nationally representative, self-administered survey. Respondents were adults age 18 and over from France, Germany, Italy, Spain and UK. This analysis focuses on adults diagnosed with back pain or experienced pain as a result of back problem in the past month- ("patients with back pain"). Quality of life was measured using the SF12v2 scale. Activity impairment was measured using the Work Productivity and Activity Impairment scale. **RESULTS:** Out of the total sample of n=57,512, ~10% (n=5,984) have back pain. Relative to adults without pain, back pain sufferers are older on average (48.9 vs. 46.3), more likely to be women (57% vs. 48%), and obese (27% vs. 16%). Their overall mental and physical quality of life scores are significantly lower (43.2 vs. 47.9, $p<0.001$ and 40.3 vs. 50.9, $p<0.001$). In addition, back pain sufferers are exhibited more work impairment (absenteeism and presenteeism) and activity impairment, and utilized health care resources to a greater extent than non-sufferers (i.e., greater physician visits, hospitalization, and ER). All these results are notably higher among back pain patients treated with a prescription. **CONCLUSIONS:** Considering the prevalence of back pain among adults, the level of work impairment and quality of life limitations impacts a substantial portion of adults in the 5EU population. Improvements in treatment of back pain are needed to reduce this burden.

PSY63

EVALUATING WILLINGNESS-TO-PAY THRESHOLD FOR SUGAMMADEX REVERSAL OF ROCURONIUM-INDUCED NEUROMUSCULAR BLOCKADE: A CONTINGENT VALUATION SURVEY

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OBJECTIVES: Reversal of the residual effect of rocuronium or vecuronium by neostigmine may be slow and associated with side-effects. Sugammadex, a selective relaxant binding agent, encapsulates rocuronium to provide for a rapid reversal of residual neuromuscular blockade. Also, postoperative residual neuromuscular block can reduce delay of awakening, recovery, and dissatisfaction of patient. The aim of this study is to evaluate the willingness-to-pay (WTP) of sugammadex for effectiveness and safety using a contingent valuation method. **METHODS:** A total of 505 adult general population and 60 experts (anesthesiologist and surgeon) participated in a face-to-face survey. The respondents were surveyed separately each scenario of moderate and deep blocks for surgery. The scenario was designed to provide information concerning reversal time on neuromuscular block, adverse reaction of PRNB, and quality of surgery or recovery. The out-of-pocket WTP for sugammadex was utilized open answer. **RESULTS:** In general population, WTP values for sugammadex were 81,768 Korean won (KRW) in moderate block and 128,622 KRW in deep block. The same sample answered 89,017 KRW and 141,536 KRW for WTP for their family members in moderate block and deep block, respectively. Experts were estimated the WTP of 99,417 KRW in moderate block and 153,250 KRW in deep block. For patients, experts suggested that 82,517 KRW and 132,517 KRW were appropriate WTP. The WTP was statistically significantly higher in the general population who had been taken operation and older than their counterparts. **CONCLUSIONS:** The WTP for sugammadex was ranged the 81,768 to 99,417 KRW in moderate block, and the 128,622 to 153,250 KRW in deep block. The WTP of general population for their family members was higher than the WTP for their own, and the expert's WTP was higher than their patients.

SYSTEMIC DISORDERS/CONDITIONS – Health Care Use & Policy Studies

PSY64

LIKELIHOOD OF USE AND PERCEPTION TOWARDS BIOSIMILARS IN RHEUMATOID ARTHRITIS ARENA: SURVEY OF RHEUMATOLOGISTS IN EUROPEAN UNION, BRAZIL, JAPAN AND CHINA

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OBJECTIVES: To assess rheumatologist perception towards biosimilars and the likelihood of use of biosimilars to manage RA patients in the EU, Brazil, Japan and China. **METHODS:** A multi-country cross-sectional survey was conducted in top-5 EU countries (UK/Germany/Spain/France/Italy), Brazil, Japan and China in April/May 2013 using an online physician panel in the respective geographies; rheumatologists were randomly selected for survey participation to be geographically representative in select countries/regions. Surveys assessed the rheumatologist perceptions of biosimilars in terms of factors that would prevent them from using